

Date _____

Why do you want to volunteer tutoring children through Experience Corps?



Address: _____
 Street _____ City _____ State _____ Zip Code _____
 Kind of Business: _____ Your Title: _____
 Supervisor Name/Title: _____
 Employment Dates: From _____ To _____

Address: _____
 _____ Street _____ City _____ State _____ Zip Code _____
 Kind of Business: _____ Your Title: _____
 Supervisor Name/Title: _____
 Employment Dates: From _____ To _____

Address: _____
 Street City State Zip Code
 Kind of Business: _____ Your Title: _____
 Supervisor Name/Title: _____
 Employment Dates: From _____ To _____

Date _____



Availability

Date you are available to begin: _____

What days and times are you available? (Please include morning and afternoon hours)

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Do you have a preference for a specific school site? Yes ____ No ____

If yes please indicate which site you would prefer (These times are approximate and may be subject to change)

Thew _____

2130 E Howe Ave Tempe, AZ 85281 Tutoring Hours: 9:15 – 11:15am

Aguilar _____

5800 S Forest Ave Tempe, AZ 85283 Tutoring Hours: 9:05-11:05am

Holdeman _____

1326 W. 18th St. Tempe, Az. 85282 Tutoring Hours: 1:30 to 3:30pm

Scales _____

1115 W. 5th St. Tempe, AZ 85281 Tutoring Hours: 9:30 –11:30am

Arredondo _____

1330 E. Carson Dr. Tempe, AZ 85282 Tutoring Hours: Mon/Wed 9:30-11:30am Tues/Thurs 1:30-3:30pm

Fuller _____

1975 E. Cornell Dr. Tempe, AZ 85283 Tutoring Hours: 8:40-10:40am

Frank _____

8409 S. Avenida del Yaqui Guadalupe, AZ 85283 Tutoring Hours: 9:40-11:40am

Hudson _____

1325 E. Malibu Dr. Tempe, AZ 85282 Tutoring Hours: 8:35-10:35am

Curry _____

1974 E. Meadow Dr. Tempe, AZ 85282 Tutoring Hours: 1:30-3:30pm



References (Personal or Professional)

(Need minimum of two)

I hereby authorize the City of Tempe to check my references with the following individual.

Name/Title: _____
Address/City/Zip: _____
Date(s) Employed or Volunteered: _____
Phone #: () _____

I hereby authorize the City of Tempe to check my references with the following individual (**Complete box for each reference.**)

Name/Title: _____
Address/City/Zip: _____
Date(s) Employed or Volunteered: _____
Phone #: () _____

Applicant Signature

Date

VOLUNTEER APPLICATION

PLEASE COMPLETE

NOTE: FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC

Name: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

- ☐ **(Check box if this statement is true)** 1. I am not awaiting trial or have not been convicted of *or admitted in open court or pursuant to a plea agreement* to committing the criminal offenses listed in Question 2 below.
- ☐ **(Check box if this statement is true)** 2. I am awaiting trial or I have been convicted of *or admitted in open court or pursuant to a plea agreement* to committing the criminal offenses listed below.
- ☐ A. Sexual abuse of a minor
 - ☐ B. Incest
 - ☐ C. First or second degree murder
 - ☐ D. Kidnapping
 - ☐ E. Arson
 - ☐ F. Sexual assault
 - ☐ G. Sexual exploitation of a minor
 - ☐ H. Felony offenses involving contributing to the delinquency of a minor
 - ☐ I. Sexual exploitation of a minor
 - ☐ J. Felony offenses involving sale, distribution or transportation of , offer to sell, transport, or distribute or conspiracy to sell,transport or distribute marijuana or dangerous or narcotic drugs
 - ☐ K. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
 - ☐ L. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
 - ☐ M. Burglary in the first degree
 - ☐ N. Burglary in the second or third degree
 - ☐ O. Aggravated or armed robbery
 - ☐ P. Robbery
 - ☐ Q. A dangerous crime against children as defined in A.R.S. §13-604.01
 - ☐ R. Child abuse
 - ☐ S. Sexual conduct with a minor
 - ☐ T. Molestation of a child
 - ☐ U. Voluntary manslaughter
 - ☐ V. Aggravated assault
 - ☐ W. Assault
 - ☐ X. Exploitation of minors involving drug offenses

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN TERMINATION.

Signature
(TO BE COMPLETED BY NOTARY PUBLIC)

Date

State of _____)
_____) SS.
County of _____)

The above named person, who is known to me or has provided proper identification, signed before me his/her name on this document on this _____ day of _____ 20_____.

My Commission Expires: _____

NOTARY PUBLIC